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APPLICANTS									
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IF REQUIRED, F0 ** 09/09/2003	OREI	GN FILING LICENSE	GRANTE	ED					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Allowance Verified and Acknowledged Examiner's Signature Initials				STATE OR COUNTRY ITALY	SHEETS DRAWING 8		TOT CLAI 17	MS	INDEPENDENT CLAIMS 1
ADDRESS 1131 MICHAEL BEST 8 401 NORTH MICH SUITE 1900 CHICAGO , IL 60611-4212									
TITLE Unit for handling a	a proc	duct comprising at leas	t one rea	am of sheets	_				
FILING FEE RECEIVED						All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time)			

1030	☐ 1.18 Fees (Issue)
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